

Central NY Orchid Society Membership Application

Yearly dues are \$20 a year for single memberships and \$22 for families

Type of membership

Single _____

Family _____

Name to appear on card(s)

Mailing Address

Phone

Email

Please specify if you would like your newsletter to be delivered via postal mail or email (email delivery saves us printing and mailing costs which allows us to put more of your membership towards speakers and other club functions)

Postal mail _____

Email _____

Additional donation: (if any) \$ _____

Total payment: \$ _____

Method of Payment: ___ Check/Money Order ___ Cash

(Checks should be made out to CNYOS and include a home phone number)

This application form and your membership fee can be submitted to a club officer at this function, brought to our next meeting or mailed to our

Club Treasurer Carol Haskell at:

102 Wynthrop Rd. Syracuse, N.Y. 13209 Phone: 315-468-0811

Email: chaskell33@earthlink.net

Our Club has a Website at <http://www.cnyos.org>

Our meetings are held at the **St. Augustines's Catholic Church, 7333 O'Brien Rd., Baldwinsville, NY**

We usually hold Beginner's Sessions at 1:30 p.m.; Regular Meetings at 2 p.m. on the first Sunday of each month from September through June, exceptions are September and January meetings that are held the second Sunday of the month due to the major holidays at the beginning of those months